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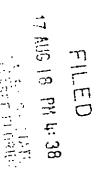


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: PRIC	ORITY CAPITAL SOLUTI	ONS INC.	
DOCUMENT NUMBE		P17000061742		
The enclosed Articles of	*Amendment and fee are su	abmitted for filing.		
Please return all correspondent	ondence concerning this ma	tter to the following:		
		JACK LEVINE		
		Name of Contact Person	n .	
		JACK LEVINE P.A.		
_		Finn/ Company	· · · · · · · ·	
	305	O BISCAYNE BLVD SUIT	°E # 302	
		Address		
		MIAMI, FL 33137		
	City/ State and Zip Code			
	ز	IL@JACKLEVINECPA.CO	. мс	
	E-mail address: (to be u	sed for future annual report	notification)	
For further information of	concerning this matter, plea	se call:		
JACK	LEVINE	at (912-0085	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PRIORITY CAPITAL SOLUTIONS INC.

(Name of Corp.	poration as currently filed with the Flo	rida Dept. of State)		
	P17000061742			
(I	Document Number of Corporation (if kno	омп)		
Pursuant to the provisions of section 607.1006, I its Articles of Incorporation:	Florida Statutes, this Florida Profit Corp	poration adopts the fo	llowing amen	dment(s)
A. If amending name, enter the new name of	the corporation:			
-			The	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," or	"Corp," "Inc," or "Co". A profession	"incorporated" or al corporation name	the abbrevia	tion
B. Enter new principal office address, if appl	icable:		<u> </u>	هـ. احد
(Principal office address MUST BE A STREET			,	<u>~</u>
	·		·	5
			13.70	<u>a</u> [
C. Enter new mailing address, if applicable:			#4-4 miles	P !
(Mailing address MAY BE A POST OFFIC	<u></u>		<u> </u>	h- (
			37	٠. د
		<u>-</u>		
D. If amending the registered agent and/or re	egistered office address in Florida, ent	er the name of the		
new registered agent and/or the new regis	tered office address:			
Name of New Registered Agent	JACK LEVINE, P.A.			
	3050 BISCAYNE BLVD SUITE # 3	02		
	(Florida street address)			
New Registered Office Address:	New Registered Office Address: MIAMI 33137		33137	
her register on Office Mariess.	(City)	,1101100	(Zip Code)	
New Registered Agent's Signature, if changin		abligations of the year	ittau	
I hereby accept the appointment as registered at	gent. I am jaminar with and accept the	ooligations of the pos	inon.	
——————————————————————————————————————	Simulation of New Production of the 1995			e new expiration tain the
	Signature of New Registered Agent, if	cnanging		
(/				

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	PTSD	ISRAEL TZIVIN	301 VILLA CIRCLE
Add			BOYNTON BEACH, FL 33435
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
-	
	
	
an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(y nor apprecable, material 1474)	

	7/26/2017	
The date of each amendment(s) a date this document was signed.	doption:	, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this to document's effective date on the De	plock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendme fficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
The amendment(s) was/were attached.	opted-by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	7/28/17	
Signature		<i>7</i>
(By a d selecte	irector, president or other officer if directors or officers have not be d, by an incorporator – if in the hands of a receiver, trustee, or other c ted fiduciary by that fiduciary)	
	ISRAEL TZIVIN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	